BEST AVAILABLE COPY													
								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000								09/839,108					
CLAIMS AS FILED - PART I								31) 708					
(Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAHAS			21				RATE	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		84	LEIC FEE	355.00	OR	DASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			d∫ minus 20=		• 1		,	X\$ 9=		ОЯ	X\$18=	18	
independent claims			3 minus 3 =		0			X40⇒		OR	X80=		
M	LTIPLE DEPEN	IDENT CLAIM P	RESENT			+135		135=		ОЯ	+270=		
. 11	the difference	in column 1 is	less than zero, enter "O" in column 2					TOTAL		ОЯ	TOTAL	728	
CLAIMS AS AMENDED - PART II									_	•	OTHER		
		(Column 1)		(Colu		(Column 3)) <u> </u>	MALL	ENTITY	OR I	SMALL		
ENT A		REMAINING AFTER AMENDMENT		PREVI PAID	BER OUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	.21	Minus	,	21	=	7	(\$ 9=		OR	X\$18=		
M	independent	· 3	Minus		<i>J</i>	=	[7	∢40 =		OR	X80=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDE				CLAIM		1	135=		OA	+270=		
	·							TOTAL ADDIT, FEE		OR YOYAL			
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVII PAID	BER OUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	2		- 5	[>	CS 9=		OR	X 16.	252~	
	Independent	• 3	Minus	•••		-		(40₃		OR	¥86±		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						' [•	135=		OR	*\$***.		
0								TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	25V, "	
7-22-05 (Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	a.	HIGH NUM PREVX PAIO	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 26	Minus	. 0	b	= \	×	\$ 9= .	1,52	OR	X\$18=		
(ME)	Independent	· 3	Minus	<	3	=		40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	135=		OA	+270=		
	" If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									OR	+2/US TOTAL		
*	f the "Highest Nur If the "Highest Nu	mber Previously Paraber Previously Pa	id For IN THI id For IN TH	S SPACE I	s less tha la less tha	n 20, enter "20." In 3. enter "3."	700	TOTAL NT. FEE			ADDIT. FEE		
	ina Trighest Num	ther Previously Pai	o For (Total o	rundepend	euc) ez gue	uduest unupt	a sound	n nue stol	hobuse on	# ALI CO	MAIST 1.		

FORM PTD-475

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